Comments RE: 1115 Waiver GME Medical Education Provision

Erie Family Health Center is submitting the following brief comments in support of the Graduate Medical Education provision in the 1115 Waiver proposal. Erie Family Health Center is a federally qualified health center serving the Chicago area. In 2010, a new graduate medical education program was formed to train the next generation of family physicians via a consortium model including Erie, Northwestern McGaw Medical Center and Norwegian American Hospital. The Northwestern McGaw Family Medicine Residency Program has capacity for 24 trainees. It is based at Erie's Humboldt Park Health Center with inpatient activities at Norwegian and other hospitals within the Northwestern McGaw system (Northwestern Memorial, Lurie Children's for example).

This training program was one of the first 11 federally funded and designated Teaching Health Centers (THCs) in 2010-2011 and is the only one in Illinois. The program is a success for the following reasons:

- Of the first graduating class of 8 residents in July 2013 all 8 entered primary care practice, 7 in underserved areas in Illinois.
- The program is highly competitive for the best candidates: over 860 applicants are competing for 8 positions for the class of residents starting July 2014.
- Centering the teaching health center program at a community health center has resulted in robust recruiting physicians dedicated to spending their careers in an underserved setting combining primary care practice and teaching. Not only do the graduates stay to practice in communities of need, so do their teachers.
- The program supports many collaborations with and activities at Norwegian American, bringing new vitality and participation in the life and success of a community hospital.

Regarding the 1115 GME proposal:

• We support a teaching health center model in Illinois which mimics the federal Teaching Health

Center Program and which can dovetail with the federal program should the federal funding end

in 2015. If the federal program continues, the state program can be used to supplement and

expand the program.

• We recommend that funding streams follow the federal guidelines – that they flow to a

community health center directly or to a consortium with a health center as the primary training

location.

We recommend that a long term strategy be hardwired into the 1115 waiver proposal such that

teaching health center programs can exist and thrive without worrying that funds will sunset

every 5 years. Since residency programs operate on 3 year cycles and recruitment cycles run

almost one year in advance, concern about funding ending after a defined period of time would

cause many eligible and potentially successful projects to elect not to participate. With

traditional GME funding through Medicare, the funding is long-term and does not sunset.

Respectfully Submitted

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